. S. No. 2
DM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1947

Registration District No. 382

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. [illegible]

Primary Registration District No. 4230

Registrar's No. 1

1. PLACE OF DEATH:

(a) County: Howard

(b) City or town: Armstrong Prairie
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ----
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: ----
In this community: All his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Howard 45

(c) City or town: Armstrong 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Norman Bell Green

3. (b) If veteran, name war: ----

3. (c) Social Security No. ---

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Maude Cecil McAllister

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: Jan. (Month) 14, (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
79	2	4	____hr. ____min.

9. Birthplace: Howard County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Baptist Preacher

11. Industry or business:

MOTHER FATHER

12. Name: Ancel Green 0

13. Birthplace: Howard County Missouri (City, town, or county) (State or foreign country)

14. Maiden name: Elvira Giles

15. Birthplace: Randolph County Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant: J. A. Green

(b) Address: Armstrong Missouri.

17. (a) Burial & Removal (Burial, cremation, or removal) Date thereof: 3/20/47 (Month) (Day) (Year)

(c) Place: burial or cremation: Columbia Mo. Cemetery

18. (a) Signature of funeral director: Ralph A. Carr

(b) Address: Fayette, Missouri

19. (a) 5/27/47 (Date received by local registrar) (b) Joe King (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1947 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from March 11, 1947, to March 18, 1947, that I last saw him alive on March 18, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	1 hr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? (Specify type of place) (e) Means of injury

23. Signature: W. Leech M.D. (M. D. or other)

Address: Fayette Mo. Date signed: 3-19-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 5-2-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.